

CLAIMS ONLY							Application Number <i>101521385</i>		Filing Date			
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend		
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Total Indep	<i>2</i>											
Total Depend	<i>7</i>											
Total Claims	<i>9</i>											